



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

APPLICANT: Eilaz Babaev GROUP ART UNIT: 3737  
SERIAL NO.: 09/774,145 FILED: January 30, 2001  
EXAMINER: Shawna J. Shaw Atty. Docket No. 1177-9

FOR: **ULTRASONIC WOUND TREATMENT METHOD  
AND DEVICE USING STANDING WAVES**

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDT. RATE FEE OR	ADDT. RATE FEE
TOTAL	12	MINUS 30	= 0	X 18 \$ 0	X 9 \$ 0
INDEP.	2	MINUS 4	= 0	X 88 \$ 0	X 44 \$ 0
□ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 150 \$	X 300 \$ 0
				TOTAL	OR TOTAL \$ 0
				<u>ADDT. FEE</u>	<u>\$ -0-</u>

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service's first class mail, postpaid in an envelope, addressed to the: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 31, 2006.

Dated: January 31, 2005

Adrienne Fagan  
Adrienne Fagan

Please charge Deposit Account No. 50-2140 in the amount of \$\_\_\_\_\_. Two (2) copies of this sheet are enclosed.

A check in the amount of \$\_\_\_\_ is enclosed.

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

  
David M. Carter  
Reg. No. 30,949  
Attorney for Applicant(s)

**Carter, DeLuca, Farrell & Schmidt, LLP**  
445 Broad Hollow Road  
Suite 225  
Melville, New York 11747  
Tel.: (631) 501-5700  
Fax: (631) 501-3526

DMC/GL/af